Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

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Application ID:

09683181

Title of Invention:

CAPACITOR MOUNTING

APPARATUS

First Named Inventor:

Lee Belknap

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2001-11-29

Submission Type:

Utility Patent Filing

Filing Type:

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Confirmation Number:

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Attorney Docket Number:

LD11556

Digital Certificate Holder:

cn=Mark S. Svat, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S.

C-------

Government, c=US

Certificate Message Digest:

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Total Fees Authorized:

\$780.0

Payment Category:

DA – Deposit Account

Deposit Account Number:

60308

Deposit Account Name:

Mark S. Svat

TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket

Number:

LD11556

Submission Type: Utility Patent

Filing

CAPACITOR MOUNTING APPARATUS

First Named Inventor: Mr. Lee J. Belknap

SUBMITTED BY

Name:

Mr. Mark S. Svat

Registration Number:

34261

Electronic Signature Mark: /s/Mark

S. Svat

Date Signed: 20011127

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

DEC01.TIF

declaration

DEC02.TIF

patent-assignments

gec20578submitasgn.xml

fee-transmittal

gec20578submitfee.xml

bibd-transmittal

gec20578submitapds.xml

GEC20578.XML

Attached Image File(s):

DEC01.TIF

DEC02.TIF

Comments:

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below inventor, I hereby declare that:

the specification of which:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CAPACITOR MOUNTING APPARATUS

Ų	is attached hereto	OR			
	was filed on		as U.S.	Serial	No.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, \$1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, \$119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

(Number) (Country) (Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional application(s) listed below:

(Serial No.) (Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) or any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose material information which is material to patentability as defined in Title 37, of Federal Regulations Code, \$1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application	Serial	No.)	(I	Filing	Date)		
Status:						 	
	(E	Patented	Panding	Abando	medi		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact a business in the Patent and Trademark Office connected therewith:

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(name and telephone number)

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Timothy E. Nauman, Esq. (216) 861-5582

I hereby authorize and request my attorney to insert the application number and filing date, when known, into the assignment for this invention executed by me.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under \$1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of first and sole inventor: Lee J. Belknap	_
Inventor's Signature: Zenfillelkaf	
Date: 1//19/0/	_
Residence: Hendersonville, NC 28739 USA	
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FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 780

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 06–0308

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Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name:

Mark S. Svat

Electronic Signature Mark:

/s/Mark S. Svat

Date Signed:

20011120

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740
11/30/2001 TITECKLUL OVONOME ARM THE 1/2017/10		

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	103	\$ 18	0	\$ O
Independent Claims: 3	102	\$ 84	0	\$ O

ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40